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Fill in this information to identify your case:	
Debtor 1 Sherman T. Stevens	
Debtor 2 (Spouse, if filing) Julie A. Stevens	
United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO	
Case number 15-54121	Check if this is:
(If known)	An amended filing
Official Form B 6I	A supplement showing post-petition chapter 13 income as of the following date: 8/01/2017 MM / DD/ YYYY

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	t 1: Describe Employment			
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job, attach a separate page with information about additional	Employment status	■ Employed□ Not employed	■ Employed□ Not employed
	employers.	Occupation	self employed web designer	collections
	Include part-time, seasonal, or self-employed work.	Employer's name		Alliance Data Systems
	Occupation may include student or homemaker, if it applies.	Employer's address		7500 Dallas Parkway Suite 700 Plano, TX 75024
		How long employed th	nere?	15 years
Pai	t 2: Give Details About Mor	nthly Income		

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

				For Debtor 1		Debtor 2 or -filing spouse
2.	List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2.	\$	0.00	\$	3,396.42
3.	Estimate and list monthly overtime pay.	3.	+\$	0.00	+\$	0.00
4.	Calculate gross Income. Add line 2 + line 3.	4.	\$	0.00	\$	3,396.42

Official Form B 6I Schedule I: Your Income page 1

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	otor 1 otor 2	Sherman T. Stevens Julie A. Stevens	_		Case	e number (<i>if known</i>)	_1	5-54121		
	Cor	by line 4 here	4.		Fo \$	r Debtor 1		For Debtor non-filing s		
	·	-			_	0.00		·	000.12	-
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	58		\$_	0.00			436.15	_
	5b.	Mandatory contributions for retirement plans	5t		\$_	0.00		\$	0.00	
	5c.	Voluntary contributions for retirement plans	50		\$_	0.00		\$	0.00	
	5d.	Required repayments of retirement fund loans	50		\$_	0.00		\$	89.27	-
	5e.	Insurance	56		\$_	0.00			417.91	
	5f.	Domestic support obligations	5f		\$_	0.00		\$	0.00	
	5g.	Union dues	50	_	\$_	0.00		\$	0.00	-
	5h.	Other deductions. Specify:	_	า.+	\$_	0.00		\$	0.00	
6.	Add	I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$_	0.00			943.33	-
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$_	0.00		\$2,	453.09	-
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	88	a	\$	5,212.12		\$	0.00	
	8b.	Interest and dividends	8t		\$-	0.00		\$	0.00	=
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.			\$_	0.00	•	\$	0.00	-
	8d.	Unemployment compensation	80		\$	0.00		\$	0.00	-
	8e.	Social Security	86	Э.	\$	0.00		\$	0.00	-
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f		\$_	0.00		\$	0.00	-
	8g.	Pension or retirement income	80	-	\$_	0.00		\$	0.00	-
	8h.	Other monthly income. Specify:	_ 8r	า.+	\$_	0.00	+	\$	0.00	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.		\$	5,212.12		\$	0.00	D
10	Cal	culate monthly income. Add line 7 + line 9.	10.	\$		5,212.12 + \$		2,453.09	= \$	7,665.21
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Ψ_		3,212.12 T	_	2,433.09	_ Ψ —	7,003.21
11.	Star Incli othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify:	dep			•				0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailies							\$Combin	
13.	Do :	you expect an increase or decrease within the year after you file this form No.	?						monthly	y income
		Yes. Explain:								

Official Form B 6I Schedule I: Your Income page 2

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Fill_i	in this information to ident	fy your <u>case:</u>					
Debt		T. Stevens			Chec	ck if this is:	
	<u> </u>	1. Otevens				An amended filing	
Debt	tor 2 Julie A. S	Stevens					ving post-petition chapter
(Spo	ouse, if filing)					13 expenses as of	the following date:
Unite	ed States Bankruptcy Court fo	r the: SOUTH	HERN DISTRICT OF OHIO		=	8/01/2017 MM / DD / YYYY	
					_	A	- Dahia - Ohaanaa - Dahia
	e number <u>15-54121</u> nown)					A separate filing for 2 maintains a sepa	r Debtor 2 because Debtor rate household
Ľ							
Of	ficial Form B 6	J					
	chedule J: You		nses				12/13
Be a	as complete and accura	e as possible s needed, atta	. If two married people ar				or supplying correct
Part		ousehold					
1.	Is this a joint case?						
	No. Go to line 2.						
	Yes. Does Debtor 2	live in a separ	ate nousenoid?				
	■ No		. •				
	☐ Yes. Debtor 2	must file a sep	parate Schedule J.				
2.	Do you have dependen	ts? □ No					
	Do not list Debtor 1 and Debtor 2.	■ Yes.	Fill out this information for each dependent	Dependent's relations Debtor 1 or Debtor 2	ship to	Dependent's age	Does dependent live with you?
	Do not state the			Daughter (full-tim	ne		□ No
	dependents' names.			student)		18	Yes
							□ No □ Yes
							☐ Yes
							☐ Yes
							□ No
							☐ Yes
3.	Do your expenses inclue expenses of people of yourself and your dependent of the people of the peopl	er than	No Yes				
Part	t 2: Estimate Your O	ngoing Month	ly Expenses				
exp			uptcy filing date unless y y is filed. If this is a supp				
Incl	ude expenses paid for v	ith non-cash	government assistance in	f you know			
	value of such assistanc icial Form 6I.)	e and have ind	cluded it on Schedule I: Y	our Income		Your expe	enses
4.	The rental or home ow payments and any rent f		nses for your residence. In or lot.	nclude first mortgage	4. \$	·	0.00
	If not included in line 4	:					
	4a. Real estate taxes				4a. \$;	0.00
	4b. Property, homeow	ner's, or renter	r's insurance		4b. \$		0.00
	4c. Home maintenance				4c. \$		0.00
_	4d. Homeowner's ass				4d. \$		0.00
5.	Additional mortgage pa	lyments for ye	our residence , such as ho	me equity loans	5. \$	1	0.00

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Debto		ı T. Stevens Stovens	Cooo n	hor (if known)	15-54121
Debto	r 2 Julie A. S	DIEVEIIS	case num	ber (if known)	
6. U	Jtilities:				
		heat, natural gas	6a.	\$	300.00
6	•	ver, garbage collection	6b.	\$	100.00
6		e, cell phone, Internet, satellite, and cable services	6c.	\$	0.00
6	•	ecify: Cable/internet/telephone	6d.	\$	120.00
		ne package (three phones)		\$	100.00
7. F		ekeeping supplies		·	944.88
		hildren's education costs	8.	\$	50.00
-		ry, and dry cleaning	9.	*	50.00
	•	roducts and services	10.		100.00
	ledical and der		11.		
		•	11.	Φ	100.00
	ransportation. Do not include ca	Include gas, maintenance, bus or train fare.	12.	\$	350.00
		clubs, recreation, newspapers, magazines, and books	13.	·	0.00
		ributions and religious donations	14.		0.00
	nsurance.	industrio dila rengiodo dellationo	14.	Ψ	0.00
-		surance deducted from your pay or included in lines 4 or 20.			
	5a. Life insura		15a.	\$	0.00
	5b. Health insu		15b.	*	0.00
	5c. Vehicle ins		15c.	·	120.00
	5d. Other insur		15d.		0.00
		clude taxes deducted from your pay or included in lines 4 or 20.		Ψ	0.00
S	Specify: Self-e	mployment tax	16.	\$	280.33
		ease payments:	4-	•	
	, ,	ents for Vehicle 1	17a.	·	0.00
		ents for Vehicle 2	17b.	·	0.00
	7c. Other. Spe	•	17c.		0.00
	7d. Other. Spe		17d.	\$	0.00
		of alimony, maintenance, and support that you did not repo		c	0.00
		your pay on line 5, Schedule I, Your Income (Official Form 6	i). 18.	· ·	
		s you make to support others who do not live with you.	40	\$	0.00
	Specify:		19.		
		erty expenses not included in lines 4 or 5 of this form or on	20a.		0.00
		on other property			0.00
	0b. Real estate		20b.	·	0.00
		nomeowner's, or renter's insurance	20c.	·	0.00
		ce, repair, and upkeep expenses	20d.		0.00
		er's association or condominium dues	20e.	·	0.00
21. C	Other: Specify:		21.	+\$	0.00
22 v	our monthly ex	xpenses. Add lines 4 through 21.	22.	\$	2,615.21
	•	r monthly expenses.	22.	"	2,013.21
		monthly net income.			
		12 (your combined monthly income) from Schedule I.	23a.	\$	7,665.21
		monthly expenses from line 22 above.	23a. 23b.		2,615.21
2	.ob. Copy your	חטוונווון פגףפווספס ווטווו וווופ 22 מטטעפ.	230.	-φ	2,015.21
2	3c Subtract w	our monthly expenses from your monthly income.			
2		is your <i>monthly net income</i> .	23c.	\$	5,050.00
	The result	to you. Monthly not moonto.			· · · · · · · · · · · · · · · · · · ·
F	or example, do yo	an increase or decrease in your expenses within the year af u expect to finish paying for your car loan within the year or do you expe terms of your mortgage?	ter you file this	s form? payment to incre	ease or decrease because of a
	No.				
_	☐ Yes.	Debtors have a new puppy and new monthly pet for	nd and care c	nst	
	ines. Explain:	bestore have a new puppy and new monthly per loc	ou and care c		